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Author: Claire Birch and Catrin Astbury
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The Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation Trust,
Oswestry, Shropshire SY10 7AG
Tel: 01691 404000
www.rjah.nhs.uk

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Information for patients Rotator Cuff Repair



Hand and Upper Limb



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The Rotator Cuff

The rotator cuff is a group of muscles closely wrapped around the top of your upper arm bone (humerus). These muscles keep the shoulder joint in the right position and control shoulder movements.

A damaged or torn rotator cuff can cause painful and weak shoulder movements and this happens through general wear and tear of the muscles or after an accident or fall. The rotator cuff can become swollen and start to rub on the under surface of the bone on top of the shoulder blade which sits above them. As they rub, they swell more which makes them rub more and eventually they may tear.

What happens during surgery?

The aim of the surgery is to repair the rotator cuff tendon/s and can be done in two ways:

- Open Surgery, where a cut is made near the shoulder
- Arthroscopic Surgery or Keyhole surgery

Your consultant or surgical team will discuss these two options with you and suggest the best option for you depending on the extent and position of the tear.

Open surgery

An incision will be made over the top of your shoulder at the front. This will be about four to six inches long (15 to 20 cms). The tendons will be identified and wherever possible repaired. Often a ligament is released and some pieces of bone over the top of the shoulder may be cut or shaved away. This is to allow more space for the repaired tendons to heal and to move.

Arthroscopic Surgery (Keyhole surgery)

A number of small incisions (usually four) will be made around the shoulder in order to gain entry into the shoulder joint. Using a small camera the structures inside the shoulder can be seen and the repairs can be completed through the small incisions. One of the benefits of keyhole surgery is that you do not have a large scar (as described above for the open surgery). The only scars you will have are from the small incisions, which normally fade over time.

Notes:

What are the alternatives to an operation?

Many people with rotator cuff pain modify their activity in order to live with the pain and/or weakness. For some people this will be enough, however alternatives are:

- Seeking advice from a physiotherapist
- Steroid injections into the shoulder
- Taking regular pain killers and/or anti-inflammatory tablets, using heat or cold therapy
- Other specialities such as acupuncture or osteopathy

What should I expect after my operation?

Pain

This can be quite painful surgery and the total rehabilitation period can be up to nine months.

A nerve block is often used during the operation, which means that afterwards your shoulder and arm may feel numb for up to 24 hours. This is normal and is an effective way of reducing post surgical discomfort.

If a nerve block has not been used or you are experiencing post surgical discomfort, you can take pain killers which can be continued once you are at home.

Using ice packs over the shoulder may also help to reduce the discomfort when you are at home. You could use a bag of frozen peas wrapped in a tea towel. This can be placed on the top of your shoulder for a maximum of 20 minutes and repeated every two hours if necessary.

Sling

You will return from theatre wearing a sling. This is normally worn nearly all the time for the first 3-4 weeks after your operation whilst the repaired tendons have a chance to heal. The sling can be removed in order to wash and carry out the exercises given to you by the physiotherapist.

You may find your armpit becomes a little uncomfortable whilst you are wearing the sling. You can try using a dry pad or clean cloth under your armpit to absorb the moisture.

If you lie on your back to sleep, you may find placing a small towel or pillow under the top part of your arm will help you feel more comfortable.

Wounds

It is important to keep your wound dressing clean and dry.

In open surgery you will have metal skin staples or nylon stitches. These will normally be removed by your GP Practice Nurse 10 to 14 days after your operation or on your follow up appointment at the hospital.

In arthroscopic or keyhole surgery it is important to keep your wound dressing clean and dry. It is not usually necessary to use stitches, but if the surgeon has used stitches, these will normally be removed by your GP Practice Nurse 10–14 days after surgery or at your follow up appointment at the hospital. The small incisions normally heal within a few days and the dressings over the top just need to be kept clean and dry.

Possible Complications

As with any surgery there is a risk of possible complications. These include;

- Wound infection, including MRSA –infections are rare and are usually around the skin
- Occasionally, deep infection may occur in or around the shoulder joint. The risk is rare; less than 1%, that is less than one person out of one hundred
- Tender red scar – this is rare also and normally resolves over a period of a year

Golf

You can begin golf three months after your operation if you are comfortable and have a full range of normal movement. We recommend short games eg nine holes to begin with.

Gardening

You can start gentle gardening when you feel comfortable after six weeks. However anything strenuous or above head height should be avoided until three months after your operation.

If you are concerned about any other sports activities or hobbies, your consultant, physiotherapist or nurse practitioner will be able to advise you.

When will I be back to normal?

As your shoulder has been repaired it will never be 100% normal. However, after six months there will be a significant improvement and after the full nine months rehabilitation period we would hope to see a significant reduction in pain and a good range of movement.

Follow up Care

You will be seen in clinic two to six weeks after your operation. Your doctor/ nurse practitioner will make sure your wound has healed and that you are progressing well.

You will also have follow up appointments with the physiotherapists who will adjust your exercise regime as necessary.

Further Information

If you have any concerns or queries about your surgery, please contact Baschurch Day Unit, or contact the upper limb specialist nurse on **01691 404497**

Alternatively you can contact your GP.

When will I be able to get back to my normal activities?

For the first six weeks you will be more-or-less one handed and this will considerably affect the way in which you do daily activities. It is important to plan for this in advance.

The total rehabilitation time for rotator cuff surgery is about nine months.

After six weeks you will be able to use your shoulder but this should be under the guidance of the physiotherapy team. However you will not be able to lift weights with the affected arm until about 12 weeks after your operation.

Driving

You will normally be able to start driving six to eight weeks after your operation, but this is dependant on the amount of movement you have regained in your shoulder and on your ability to make an emergency stop safely.

Work

Office workers and non-manual workers can usually return to work three to six weeks after the operation.

Manual and overhead workers can return to work after three months.

Leisure Activities/Sport

Swimming

Front crawl should not be attempted until at least three months after your operation and this should be after discussion with your physiotherapist or consultant.

You can begin gentle breast stroke or doggy paddle once you are able to move your shoulder in all normal directions, normally about 6 weeks after surgery.

- Pain and stiffness in the shoulder that may require a prolonged period of physiotherapy. About 20% of patients will have some symptoms of pain and/or stiffness after their operation. Around 5% of patients develop painful stiffness which gradually improves over time with physiotherapy
- The surgery fails and the rotator cuff re-ruptures. The incidence can be high (up to 30%) but rarely needs further surgery
- Risk from the anaesthetic – your anaesthetist will talk to you about this
- Risk of nerve injury which could cause weakness and numbness to part of the hand and/or arm. Rarely the nerve to the deltoid muscle which covers the shoulder can be damaged leading to pain, muscle wasting and a poor result. This is rare; less than 1%

Physiotherapy

Total rehabilitation time can be up to nine months. You will see a physiotherapist after your operation. Your physiotherapist will explain and show you how to do the exercises. Your exercise plan may be different to other patients who have had similar operations. This is because each operation is slightly different and so the exercises needed are also different.

It is very important that you carry on doing your exercises at home as this will help to stop your shoulder becoming stiff. It is vital to adequately control your pain. Pain stops you being able to engage in the exercises and may result in your shoulder becoming stiff. It is normal for you to feel aching, discomfort or stretching feelings when you are doing your exercises. However, if you have severe pain that lasts for longer than 30 minutes, you need to exercise more gently or less often. If this does not help you should discuss it with your physiotherapist at your next appointment.

It helps to get into the habit of doing your exercises at set times during the day to get into a routine. Do short sessions regularly, such as five to ten minutes, four times a day. It is also important to exercise your whole body, chest and heart so regular walks are recommended.

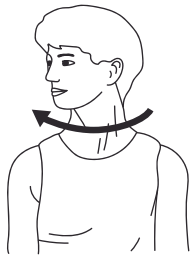
As part of your initial physiotherapy plan, you will be given some or all of the following exercises. These need to start the day after your operation and you need to carry on with them for up to six weeks.

Your physiotherapist will tell you which to do and when you are ready to move on to different exercises.

It is **VERY** important that you only do the exercises that your physiotherapist has chosen for you.

Exercises

Neck Exercises – Standing or sitting

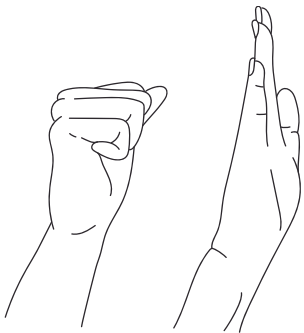


Turn your head to one side, then turn your head to the other side and repeat.



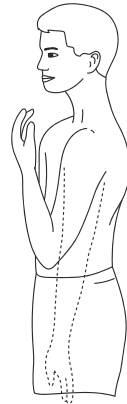
Tilt your head towards one shoulder, then tilt your head to the other shoulder and repeat.

Hand and Wrist Exercises – Standing or sitting



With your arm in the sling, make a fist and then stretch your fingers out.

Elbow Exercises – Standing or lying



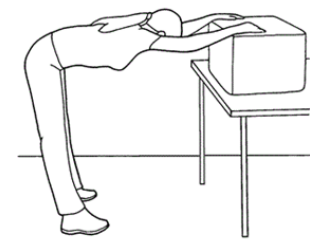
Straighten your elbow and then bend your elbow.

Shoulder Blade Exercises – Sit or stand



Roll your shoulders in both directions.

Shoulder Exercises – Walkaway



Stand next to your kitchen surface with hands resting. Walk your body away until you feel a stretch in the shoulder. Do not force.

When you leave hospital you will be referred to your local physiotherapy department. Staff there will take over your rehabilitation plan and explain the exercises you need to do.